



Commissioner for Patents  
Washington, DC 20231  
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Bib Data Sheet

CONFIRMATION NO. 8389

<b>SERIAL NUMBER</b> 09/322,708	<b>FILING DATE</b> 05/28/1999 <b>RULE</b>	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2665	<b>ATTORNEY DOCKET NO.</b> 81862.P125
<b>APPLICANTS</b> KIRK DOW SANDERS, SAN JOSE, CA; WING CHEONG CHAU, LOS ALTOS HILLS, CA; <b>** CONTINUING DATA *****</b> <i>none/DH</i> <b>** FOREIGN APPLICATIONS *****</b> <i>none/DH</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/23/1999</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>DH</i> Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 15
				<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 08791				
<b>TITLE</b> BACKGROUND TEST SYSTEM FOR TIME DIVISION MULTIPLEXING SWITCHING SYSTEMS				
<b>FILING FEE RECEIVED</b> 890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/322,708	05/28/99	370	2731	81862.P125

APPLICANT KIRK DOW SANDERS, SAN JOSE, CA; WING CHEONG CHAU, LOS ALTOS HILLS, CA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED

None / DH

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

None / DH

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

None / DH

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 06/23/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 3
Verified and Acknowledged Examiner's Initials _____ Initials _____					

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TITLE  
BACKGROUND TEST SYSTEM FOR TIME DIVISION MULTIPLEXING SWITCHING  
SYSTEMS

FILING FEE RECEIVED  \$890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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